



DEPARTMENT OF HEALTH & HUMAN SERVICES

Health Care Financing Administration

The Administrator
Washington, D.C. 20201

MAR 25 1999

Garth L. Splinter, M.D., M.B.A.
CEO Oklahoma Health Care Authority
State of **Oklahoma**
Lincoln Plaza
4545 N. Lincoln Boulevard/Suite 124
Oklahoma City, Oklahoma 73105

Dear Dr. Splinter:

We are pleased to **inform** you that the amendment to your Children's Health Insurance Program (CHIP) **plan**, submitted on December 30, 1998, **as** amended by the additional information you submitted on February 17, 1999, has been approved. This amendment, effective retroactively to November 1, 1998, **accelerates the enrollment of children born prior to October 1, 1983 who have not yet reached their nineteenth birthday.** These children would otherwise have been phased into CHIP on October 1, 1999 and October 1, 2000 respectively, according to existing Federal requirements. **We** appreciate your efforts and the efforts of your staff, and extend our congratulations to **Oklahoma** on the approval of your **CHIP** plan amendment.

The Department of Health and **Human** Services **will** continue to provide information related to areas such as enrollment and administrative simplification, models of successful outreach programs, comprehensive systems and measures of quality care, linkages to other children's health programs, **and** data options through State letters and through the Departmental website. I hope **you** will **find** these resources helpful as you implement your program.

Your project officer continues to be Dan McCarthy. Mr. McCarthy **is** available to answer any questions concerning the your **CHIP** Program and can be reached at (410)786-2079. His address is:

Health Care Financing Administration
Center for Medicaid and State Operations, Mail Stop C3-18-26
7500 Security Boulevard
Baltimore, Maryland 21244-1850

Official communications regarding program matters should be sent simultaneously to **the project officer and to** Art Pagan in the **HCFA Dallas Regional Office**. Mr. Pagan's address is **as** follows:

Health Care Financing Administration
Region **VI**
1200 Main St.
Suite 2000
Dallas, TX 75202-4348

Again, we extend our congratulations and look forward to working with you during the course of **the** program.

Sincerely,

Nancy-Ann Min DeParle
Administrator
Health Care Financing Administration